



Steven M. Fulop
Mayor

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CITY OF JERSEY CITY

Department of Housing, Economic Development and Commerce

Division of Tenant Landlord Relations

LANDLORD REGISTRATION STATEMENT

- This form must be filled out completely and filed with the Division of Tenant/Landlord Relations by March 3. After March 3, please file any changes in ownership, management or tenancies within 7 days of each change.
- A filing fee of \$ 10.00 per unit, made payable to the Jersey City Treasurer, must be included.

SECTION A

No. Units Block Lot

Property Address		City		State		Zip	
Owner Name		Tel. No.		Cell No.		E-mail	
Owner Address		City		State		Zip	

THIS PROPERTY (CHECK ONE): IS ☐ ☐ IS NOT PRESENTLY UNDER RENT CONTROL

IF OWNER OF RECORD IS A CORPORATION OR AN LLC, LIST CORPORATE OFFICERS ALONG WITH RESPECTIVE ADDRESSES:

Title	Name	Address	City	State	Zip
Title	Name	Address	City	State	Zip

IF OWNER OF PROPERTY IS A PARTNERSHIP, LIST PARTNER WITH RESPECTIVE ADDRESSES:

Title	Name				Address	
City	State	ZIP	Phone #	Cell #	E-Mail	
Title	Name				Address	
City	State	ZIP	Phone #	Cell #	E-Mail	
Title	Name				Address	
City	State	ZIP	Phone #	Cell #	E-Mail	

THE NAME AND ADDRESS OF A PERSON WHO RESIDES IN HUDSON COUNTY, NEW JERSEY, AND IS AUTHORIZED TO ACCEPT NOTICE FROM A TENANT, TO ISSUE RECEIPT THEREOF, AND TO ACCEPT SERVICE ON BEHALF OF THE OWNER OF RECORD

Name	Address	City	State	Zip
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SECTION B

THE NAME, ADDRESS AND TELEPHONE NUMBER OF AN INDIVIDUAL REPRESENTATIVE OF THE OWNER OF RECORD WHO MAY BE CONTACTED AT ANY TIME IN THE EVENT OF AN EMERGENCY AFFECTING THE PREMISES OR ANY UNITS OF THE SPACE THEREIN, INCLUDING SUCH EMERGENCIES AS THE FAILURE OF ANY ESSENTIAL SERVICE OR SYSTEM, AND WHO HAS AUTHORITY TO MAKE EMERGENCY DECISIONS CONCERNING THE BUILDING AND ANY REPAIR THERETO OR EXPENDITURE IN CONNECTION THEREWITH:

Registered Agent's Name	Address	City	State	Zip	Tel. No.
Managing Agent's Name	Address	City	State	Zip	Tel. No.
Super., Janitor or Custodian Name	Address	City	State	Zip	Tel. No.

30 MONTGOMERY STREET, 4TH FLOOR, ROOM 415 • JERSEY CITY, N.J 07302-3821

PHONE: (201) 547-5127 • FAX: (201) 547-5803

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SECTION C / MORTGAGEES:

Name		Address:		City
State	Zip	Phone #		

SECTION D

THE NAME AND ADDRESS OF THE FUEL DEALER OR UTILITY COMPANY SERVICING THE BUILDING AND THE GRADE OF FUEL USED:

Title	Officer's Name	Company's Name and Address			Fuel Grade
City	State	Zip	Phone #	E-Mail	

SECTION E /CHANGES:

LAST HARDSHIP RENTAL INCREASE

	CLAIM NO.	APT. NO	PERCENT INCREASE	AMOUNT OF INCREASE	EFFECTIVE DATE
H:					
H:					
H:					
H:					
H:					

LAST CAPITAL IMPROVEMENT

	CLAIM NO.	APT. NO	PERCENT INCREASE	AMOUNT OF INCREASE	EFFECTIVE DATE
C:					
C:					
C:					
C:					
C:					

**VACANCY CAPITAL
IMPROVEMENT**

	CLAIM NO.	APT. NO	PERCENT INCREASE	AMOUNT OF INCREASE	EFFECTIVE DATE
V:					
V:					
V:					
V:					
V:					

OTHER CHANGES, SPECIFY AND DETAIL:

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Property Address	Block #	Lot #

SECTION F / TENANCY INFORMATION

LIST APARTMENT NUMBERS, RESPECTIVE TENANTS' NAMES, BASE AND ACTUAL RENT, ETC. USE THE SAME NUMBERING OF APARTMENTS AS USED IN PAST RENT REGISTRATIONS, TENANTS' LEASES & POSTINGS ON PREMISES. IF APARTMENT NUMBERING HAS CHANGED PROVIDE CORRESPONDING OLD NUMBERS. IF AN APARTMENT UNIT NEVER HAD A NUMBER ASSIGN IT A PERMANENT NUMBER.

[illegible]

BY SUBMITTING THIS FORM THE LANDLORD(S) STATES/STATE, UNDER PENALTY OF LAW, THAT THE INFORMATION SUBMITTED IS TRUE TO THE BEST OF HIS/HER (THEIR) KNOWLEDGE.

LANDLORD'S NAME: _____

MONTH DAY YEAR

LANDLORD'S SIGNATURE: _____

RG 6 /26/2013